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Date

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OR		
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):		
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as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with		
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Assignee Name and Address:		
Salient Surgical Technologies, Inc.		
180 International Drive		
Portsmouth, New Hampshire 03801		
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be		
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and must identify the application in which this Power of Attorney is to be filed.		
SIGNATURE of Assignee of Record		
The individual whose signature and title is supplied below is authorized to act on behalf of the assignee		

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